

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035541

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 362

FILED SEP 19 1963

1. PLACE OF DEATH a. COUNTY Cole b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole c. CITY OR TOWN Jefferson City, Mo. d. STREET ADDRESS (If outside, give location) R. R. # 3	
3. NAME OF DECEASED (Type or print) First IDA Middle SAUCIER Last 4. DATE OF DEATH SEPT. 14, 1963		5. SEX Female 6. COLOR OR RACE White 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH June 23, 1888 9. AGE (last birthday) 75 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 11. BIRTHPLACE (City and state or country) Franklin County, Mo. 12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Leonold Hofmann 13b. MOTHER'S MAIDEN NAME Ida Hamman 14. NAME OF HUSBAND OR WIFE James G. Saucier		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. [REDACTED] 17. INFORMANT Alvin Saucier R. R. # 3 J C Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ca of Cancer Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 7 mo	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour, a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 22, 1963 to Sept 14, 1963 and last saw her alive on Sept 14, 1963 Death occurred at 8 Pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L B. T. [Signature] (Degree or title) 22b. ADDRESS Jefferson City, Mo. 22c. DATE SIGNED 9-16-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9/17/63 23c. NAME OF CEMETERY OR CREMATORY St Francis Xavier 23d. LOCATION (City, town, or county) Taos, Mo.	
24. FUNERAL DIRECTOR [Signature] ADDRESS J C MO. 25. DATE RECD. BY LOCAL REG. 17 September 1963 26. REGISTRAR'S SIGNATURE [Signature]			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lybster Riddle*
Licensed Embalmer No. 4321

P. O. Address *Jefferson City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.